

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Caring in Medical Practice

TO THE EDITOR: I read with interest the editorial "The Importance of Caring"¹ in the August issue.

The medical profession has been very successful in the last several decades in two ways that may interfere with demonstrating humanistic and caring behavior. Clearly, medical knowledge and technology have expanded the opportunities physicians can offer their patients, lengthened life, provided a higher quality of life in many instances and even eradicated certain diseases. Second, the public has been far better educated about medical problems and, with more discernment, seeks a proper role in medical decisions.

These successes make it more difficult for physicians to fulfill every responsibility within the constraints of traditional appointments, which have not been changed to adapt to such developments. For example, internists still schedule appointments from 45 to 60 minutes for new patients and 10 to 15 minutes for return visits. If cognitive and communicative services were reasonably reimbursed, I wonder what the outcome would be if the time for each appointment were doubled. Caring time might displace some of the fascination with technology and scientific management. Perhaps competition and the possible surfeit of physicians will permit this, as suggested in the editorial. Even corporate providers would need to use such communicative strategies to compete. Patients will declare what pleases them most and ultimately will accept the cost.

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Is Spinal Manipulation Effective?

TO THE EDITOR: Dr J.B. Reuler, in his interesting paper "Low Back Pain," published in the August issue,¹ stated that as a treatment procedure, "Spinal manipulation, of which several methods are used, has also not been proved to be effective."

The effectiveness of spinal manipulation has always been difficult to "prove." Double-blind studies are not truly possible. In fact, many comparative critical studies of various therapies have major weaknesses.²

Historically, however, patients have often bypassed the

medical profession to attend various healers using manipulative techniques. Bone setters, among other activities, manipulated spines, and James Paget commented in 1867, "Few of you are likely to practice without having a bone-setter for an enemy; and if he can cure a case which you have failed to cure, his fortune may be made and yours marred."³

Osteopaths and later chiropractors replaced bone-setters. Spinal manipulation has actually evolved quite independently in various cultures. Recently a black African raised in an isolated Central African region beamed at me after I had used a manipulative technique to help his lower back problem. "I never expected to find *our kind* of treatment over here," he remarked.

He then recalled experiencing similar treatment from a tribal healer, a procedure, he understood, that had been passed down through generations in his tribe.

James Cyriax, in the many printings of his textbook on orthopedic medicine, included a photograph of a 2,000-year-old statue outside a Buddhist temple in Thailand which depicted manipulation of the lumbar spine. There are other examples from separate cultures and eras.

It is difficult to conceive that such a universal remedy could be ineffective.

In the August issue⁴ I reported the case of a young man whose back pain was immediately relieved after he had twisted his back and fallen while trying to chase a jackrabbit. He had essentially "manipulated" himself. It is doubtful if the personality of the jackrabbit had any bearing on the result. I am sure many physicians can recall a case where a fall or unguarded twist has brought pronounced relief to a back pain sufferer.

It is a pity that skepticism about manipulation has deterred many a physician from learning the indications, contraindications and techniques of spinal manipulation. Some of their patients have inevitably attended chiropractors, sometimes with apparent benefit, occasionally with unfortunate results.⁵

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4. Livingston MC: Some facets of alternative medicine—Today and yesterday (Commentary). *West J Med* 1985 Aug; 143:269-270
5. Livingston MC: Spinal manipulation causing injury—A three year study. *Clin Orthop* 1971; 81:82-85